

*Murphy*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Tom McCarty</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <i>Tom McCarty</i> C. Date of Delivery <i>6-27-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sgt. Frazier            Tallapoosa County Jail            316 Industrial Park Drive            Dadeville, AL 36853</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span>  <input type="checkbox"/> Registered <span style="margin-left: 20px;"><input type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><i>3:05cv501 (cmp, order 40 days)</i></p> <p>2. Article Number (Transfer from service label) <span style="float: right;">7004 2510 0001 0150 7058</span></p> <p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Blake Jennings            Jail Administrator            Tallapoosa County Jail            316 Industrial Park Drive            Dadeville, AL 36853</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span>  <input checked="" type="checkbox"/> Registered <span style="margin-left: 20px;"><input type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><i>3:05cv501 (cmp, order 40 days)</i></p> <p>2. Article Number (Transfer from service label) <span style="float: right;">7004 2510 0001 0150 7034</span></p> <p>PS Form 3811, August 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

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<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7004 2510 0001 0150 7041</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

*3:05cv501 Comp order 40 days*

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<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7004 2510 0001 0150 7072</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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<p>1. Article Addressed to:</p> <p>Officer Woods  Tallapoosa County Jail  316 Industrial Park Drive  Dadeville, AL 36853</p>		<p>B. Received by (Printed Name)  <i>Tom McCarty</i></p> <p>C. Date of Delivery  6-29-05</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>3:05cv501 (imp. order 40 dep)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
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<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>	